

EXHIBIT 1(b)

HealthPort
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
(770) 754 - 6000



Invoice #: 0163671769
Date: 2/28/2015
Customer #: 469692

Ship to:

DIANE ASBRIDGE
BALLIN BALLIN FISHMAN PC
200 JEFFERSON AVE
STE 1250
MEMPHIS, TN 38103-2357

Bill to:

DIANE ASBRIDGE
BALLIN BALLIN FISHMAN PC
200 JEFFERSON AVE
STE 1250
MEMPHIS, TN 38103-2357

Records from:

REGIONAL ONE HEALTH
877 JEFFERSON AVE
MEMPHIS, TN 38103-2807

Requested By: BALLIN BALLIN FISHMAN PC
Patient Name: FABER RICHARD D

DOB:
FILE NUMBER:

Description	Quantity	Unit Price	Amount
Basic Fee			18.00
Retrieval Fee			0.00
Per Page Copy (Paper) 2	200	0.60	120.00
Per Page Copy (Paper) 4	5	0.00	0.00
Per Page Copy (Paper) 3	45	0.85	38.25
Per Page Copy (Paper) 1	163	0.35	57.05
Electronic Dlvry Fee			2.00
Subtotal			235.30
Sales Tax			0.00
Invoice Total			235.30
Less Payment			-235.30
Balance Due			0.00

Pay your invoice online at www.HealthPortPay.com

Terms: Net 30 days

HealthPort
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Invoice #: 0163671769

Check # _____
Payment Amount \$ _____

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to www.HealthPortPay.com or call (770) 754 6000.

Email questions to Collections@healthport.com.

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